



NEWS RELEASE

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Clinic-centric care ERMC moves to the future for healthcare in Europe

HEIDELBERG, Germany – The Europe Regional Medical Command, Europe's health care system responsible for providing health care of all Army and some DoD beneficiaries in Europe, has adopted the civilian approach to patient care, or the clinic-centric model, moving away from the decades-old practice where the hospital was the center of care.

“In the past, our clinics were staffed with family practice and general medical officers providing basic primary care. All other care was referred out, either to our own or host nation hospitals,” said Brig. Gen. Carla Hawley-Bowland, Commanding General, ERMCC. “This new and proven approach will offer our beneficiaries a wider spectrum of care by adding appointments for pediatrics, psychiatry, optometry, audiology, physical therapy, and internal medicine within our clinics.”

Making the clinic the patients' center of health care eliminates their need to travel long distances for specialty appointments. Hawley-Bowland's concept is that healthcare specialists will travel from a regional medical hub to the outlying clinics to provide that care. A patient who needs specialty care receives an appointment and is seen at their home clinic the day the doctor comes to town.

“By increasing the specialty access at our clinics, we are expanding health care benefits,” Hawley-Bowland said. “We will continue to rely on our excellent host nation facilities for sub-specialty and inpatient care.” She noted that in the 19th century, American physicians traveled to Germany to learn medicine. “German doctors have been providing world-class care longer than we have, and I trust their health care system implicitly,” she said.

“Through the hub concept, our physicians and specialists will end up seeing more patients while at the same time maintaining their own skills, which is crucial for each health care provider. Training and skills maintenance are a matter of patient safety,” Hawley-Bowland said. “Soldiers go to the National Training Center in the States and Joint Maneuver Readiness Center in Germany to hone their skills. Our Soldier health professionals train every day to maintain their medical skills by working in the clinics.”

Under the clinic-centric concept, each of the clinics will be properly equipped with standardized medical equipment and have adequately sized exam and ancillary spaces. For example, each physician (and dentist) will have two dedicated rooms for their use, as opposed to the one room now commonly seen. Since the equipment and spaces will be standardized, the traveling specialists will find the same treatment layout no matter which clinic he or she is working. That is an extremely important fact because it provides them more time for patients instead of spending time to familiarize themselves with the different setups in each of the clinics.

Bamberg, Schweinfurt, Illesheim, Wuerzburg, Katterbach, Hohenfels and Vilseck are the first clinics to move toward the clinic-centric concept, with the regional medical hub located at the Grafenwoehr clinic. A multi-phased Military Construction project at Grafenwoehr began last year to more than double the size of the facility. This accomplishes two things. It will accommodate a growing population and integrates key aspects of the new concept. The Phase I expansion project is complete, and staff will occupy the facility in late April. The Phase II renovation begins in May to make the existing spaces more efficient and sized appropriately for the number of staff. When

completed in the spring of 2007, the consolidated health and dental clinic will have a total of thirty-one dental chairs (currently 10), and will include new optometry services and physical therapy.

Hawley-Bowland said, to make the clinic-centric concept work, some of the older clinics will require upgrades. ERMHC spent a combined \$4 million on the Katterbach, Hohenfels, and Vilseck Health and Dental Clinics in order to provide additional and optimum space in support of the staff and beneficiaries in these communities. Optometry services were added at Hohenfels with the construction of a new eye lane. Plans are now underway to upgrade the Illesheim Health Clinic in the near future.

“These initiatives bring the existing spaces up to like-new standards including appropriately-sized exam rooms, laboratories, and pharmacies. Complete purchase of state-of-the-art medical equipment and modern furniture are part of this initiative. It doesn’t make sense to have a newly renovated and pristine-looking facility if the furniture and equipment date back to the cold war,” she said.

Increased patient load requires an increase in providers. Plans are already underway to reassign health care providers to support the clinic-centric concept. To maintain the competency and skills of our health care providers, they must see a minimum number of patients. “We’re putting our providers where they will see the most patients,” said Hawley-Bowland.

ERMHC personnel officials say reassignments will be made based on individuals’ PCS or ETS dates as much as possible. The 67th Combat Support Hospital, which provided the majority of specialty care in the Wuerzburg area, is in the process of inactivating. Some of the 67th’s personnel are being transferred back to the States, but much of the 67th’s medical expertise will remain in the European medical community.

“We have an opportunity in military health care to take an innovative approach,” said Col. Neil Maher, Deputy Commander, ERMHC. “Past constraints on personnel and

equipment expenditures prevented implementation of some good ideas. It just makes good sense at this time to adjust our thinking and implement some best practices from the civilian health care world.”